

SAIC-Frederick, Inc. Health Club Membership Guidelines

SAIC-Frederick wants you to be healthy! We want to see you take part and succeed in the Annual Fitness Challenge Program. Therefore, SAIC-Frederick provides an allotment to fulltime and part-time employees (temporary employees not eligible) who are dedicated health club users to cover monthly membership costs.

AMOUNT OF BENEFIT

SAIC-Frederick will reimburse fulltime and part-time employees \$25 towards your initial sign-up fee and up to \$29 each month to cover membership fees. If you are interested in joining a health club, Fitness First has special rates for SAIC-Frederick employees. Fitness First has numerous locations in the area for your use; however, enrollment must take place at the West Patrick Street location. If Fitness First is not convenient for you or you already belong to another health club, you are still entitled to up to a \$29 monthly allotment and \$25 toward a signup fee for a new single membership. Only one signup fee will be paid per person. Please note that you will be signing an individual agreement with the health club of your choice. SAIC-Frederick, Inc. will not be entering into any agreements or contracts with individual health club facilities.

VERIFICATION OF MEMBERSHIP

Prior to receiving the monthly membership allotment and signup fee, you must complete the attached "SAIC-Frederick, Inc. Health Club Membership Request Form" and provide verification that you have joined a health club. The completed form and a copy of the contract/agreement from the health club that you join (document must indicate monthly membership cost, cost of signup fee and contract termination date) must be provided to Danielle Siler, silerdt@mail.nih.gov.

One January 1 of each year (or contract expiration date if sooner) you should provide documentation from your health club verifying that you still have an active contract with them.

Upon termination of your health club agreement, you should immediately notify Danielle Siler, silerdt@mail.nih.gov so that your reimbursement will be stopped. Delays in reporting could result in an obligation for you to return excess reimbursements to SAIC-Frederick.

If you terminate employment with SAIC-Frederick, Inc., you will be personally responsible for the monthly membership cost.

PAYMENTS

Your monthly membership cost and signup fee will be reimbursed via the last paycheck of every month. Please note that the cost of health club memberships and signup fees are considered taxable income.

SAIC-Frederick, Inc. Health Club Membership Procedures

1. Read the “SAIC-Frederick, Inc. Health Club Membership Guidelines”.
2. Join the health club of your choice.
3. Complete the “SAIC-Frederick, Inc. Health Club Membership Request Form”, sign the bottom, attach a copy of the contract/agreement from your health club, and send both to Danielle Siler, silerdt@mail.nih.gov.
4. Once you have provided the appropriate paperwork noted above, you will begin receiving a monthly allotment in your paycheck. Your first paycheck reimbursement will include your first month’s membership fee and your signup fee. (If you join Fitness First, your first paycheck reimbursement will include your first and last month’s membership fee and your signup fee.)
5. On January 1 of each year (or contract expiration date if sooner) provide documentation from your health club indicating that you still have an active contract with them.
6. Upon termination of your health club agreement, you should immediately notify Danielle Siler, silerdt@mail.nih.gov, so that your reimbursement will be stopped. Delays in reporting could result in an obligation for you to return excess reimbursements to SAIC-Frederick.

Please address any questions with Danielle Siler at X1924 or silerdt@mail.nih.gov

SAIC-Frederick, Inc. health Club Membership Request Form

Employee Name _____

(NOTE: Only fulltime and part-time employees are eligible; temporary employees not eligible)

Employee Number _____

Building/Office Number _____

Work Phone Number _____

Email Address _____

Health Club Name _____

Health Club Address _____

Monthly Membership Cost _____ Sign Up Fee _____

I have read the "SAIC-Frederick, Inc. Health Club Guidelines" and agree to abide by the associated procedures. Specifically, I understand that I must provide the following to Danielle Siler, silerdt@mail.nih.gov

- A completed, signed "SAIC-Frederick, Inc. Health Club Membership Request Form" (this form)
- A copy of the contract/agreement from the health club that I join (document must state monthly membership cost, cost of sign up fee and date of termination)

Please indicate your agreement of the above by signing below.

Signature _____

Date _____

Attach a copy of the contract/agreement from the health club to this form and send to Danielle Siler, silerdt@mail.nih.gov

